

Are you using antibiotics wisely?

Antibiotic resistance is one of the biggest threats to human health worldwide. The overuse of antibiotics is a major contributor to antibiotic resistance and is threatening our ability to treat common infectious diseases.

One of the ways that we can help fight antibiotic resistance is to use antibiotics more wisely. Here are six ways you can help:

Six ways to use antibiotics wisely

- 1 Don't use antibiotics for upper respiratory infections that are likely viral in origin, such as influenza-like illness, or self-limiting, such as sinus infections of less than seven days of duration.
- 2 Don't collect urine specimens for culture from adults who lack symptoms localizing to the urinary tract or fever unless they are pregnant or undergoing genitourinary instrumentation where mucosal bleeding is expected.
- 3 Don't prescribe antibiotics for asymptomatic bacteriuria (ASB) in non-pregnant patients.
- 4 Don't prescribe antibiotics in adults with bronchitis/asthma and children with bronchiolitis.
- 5 Don't use antibiotics in adults and children with uncomplicated sore throats.
- 6 Don't use antibiotics in adults and children with uncomplicated acute otitis media.

How the list was created

Choosing Wisely Canada is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments. There are currently over 20 Choosing Wisely Canada recommendations that encourage judicious antibiotic use, created by over 15 professional societies and colleges representing different medical specialties, including the College of Family Physicians of Canada.

Simple and proven strategies: Tips for talking with your patients about antibiotics

Some patients might not know about antibiotic resistance, or that antibiotics don't treat viral conditions like the common cold. Here are some simple and proven strategies for engaging patients.

Have a conversation. Even if patients expect antibiotics, they can be willing to forego them if provided with a reasonable explanation, offered treatment alternatives, and reassured with a contingency plan. Here are some proven talking points:^{1,2}

Explanation for why antibiotics are not needed: "You have a chest cold, and antibiotics won't help."

Treatment alternatives: "Honey can actually soothe your child's cough and help her sleep better."

Contingency plan: "If your child is still sick in a week or if he develops a fever, come back and see me."

Use a delayed prescription for patients with non-severe infections that are likely to resolve spontaneously, such as otitis media or sinusitis. A delayed script asks the patient to fill the prescription after a few days if they do not feel better, or if symptoms worsen.³

Offer reading materials to help patients improve their knowledge about antibiotics and treatment options. Go to the link below to download our validated patient pamphlets.⁴

References

1. Mangione-Smith R, et al. Parent expectations for antibiotics, physician-parent communication, and satisfaction. *Arch Pediatr Adolesc Med.* 2001;155(7):800–806.
2. Mangione-Smith R, et al. Communication practices and antibiotic use for acute respiratory tract infections in children. *Ann Fam Med.* 2015;13(3):221–227.
3. Spurling GK, et al. Delayed antibiotics for respiratory infections. *The Cochrane Library.* 2013.
4. Silverstein W, et al. A survey of primary care patients' readiness to engage in the de-adoption practices recommended by Choosing Wisely Canada. *BMC Res Notes.* 2016;9:301.